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PETITION	FOR EXTENSION OF TIME UNDER 3	Docket Number (Optional)		
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			4828/002	
Application Number 10/667,695			Filed September 22, 2003	
	CURABLE COVER APPARATUS FO			
Art Unit 3635			Examiner HORTON, Yvonne Michele	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified				
application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
İ		<u>Fee</u>	Small Entity Fee	
<u>L</u>	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$
V	Two months (37 CFR 1.17(a)(2))	\$450	\$225	_{\$_} 225.00
	Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
	Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
Applicant claims small entity status. See 37 CFR 1.27.				
A check in the amount of the fee is enclosed.				
Payment by credit card. Form PTO-2038 is attached.				
The Director has already been authorized to charge fees in this application to a Deposit Account.				
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 07-1730 . I have enclosed a duplicate copy of this sheet.				
WARNING: Information on this form may become public. Credit card information should not be included on this form.				
Provide credit card information and authorization on PTO-2038.				
I am the applicant/inventor.				
assignee of record of the entire interest. See 37 CFR 3.71.				
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).				
attorney or agent of record. Registration Number 22,007				
attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34				
James Kless			December 19, 2005	
Signature		Date		
	// James Reisman		(212) 684-3900	
	Typed or printed name		Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
Total of forms are submitted.				
Total of Tot				